

Sportz Center Academy
5330 Snapfinger Woods Dr.* Lithonia, Ga. 30035
Office: 770 593-3149 Fax: 770-987-1188



Sportz Center Academy Open Gym Waiver

Name: _____ Age: _____

Street _____ City _____ State _____ Zip Code _____

Home: _____ Cell: _____ Email: _____

Authorized Release:

I am fully aware that any activity involving motion and or height can be dangerous and may result in injury and I further agree to hold Sportz Center Academy INC. and its agents harmless for any injury resulting expense. There is an inherent risk in this or any other activity. I understand the physical aspects of this sport and the risk I am taking at sportz Center. I shall not hold Sportz Center Academy INC., its owners, officers, employees, agents and or SCA activities, even in case of negligence. I release and discharge all rights and claims against Sportz Center Academy INC. I furthermore agree to all policies and procedures.

(parent or guardian signature if under 18 years of age)

Signature

Date

Signature

Date